



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 241-2345  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 241-2358

June 1, 2011

Mr. Timothy Urich, Administrator  
Rutland Healthcare And Rehabilitation Center  
46 Nichols Street  
Rutland, VT 05701

Provider #: 475039

Dear Mr. Urich:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **May 3, 2011**. Please post this document in a prominent place in your facility.

We will follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED  
Division of  
MAY 31 11

PRINTED: 05/19/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED  <b>05/03/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>RUTLAND HEALTHCARE AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 NICHOLS STREET RUTLAND, VT 05701</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000	<u>Plan of Correction</u> <b>K 056</b>		
K 056 SS=D	A Life Safety Code inspection was completed on 5/3/11. The following are violations of Life Safety Code regulatory requirements.  <b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This STANDARD is not met as evidenced by: Based on observation during a facility tour on 5/3/11, accompanied by the Maintenance Supervisor, a light fixture was supported by a sprinkler pipe in the 2nd floor soiled utility room. Per NFPA (National Fire Protection Association) 25 Section 5.2.2.2 - Sprinkler piping shall not be subject to external loads from material either resting on the pipe or hung from the pipe.	K 056	<u>Corrective Action:</u> The identified light fixture was removed from the sprinkler pipe and properly secured to the ceiling.  <u>Identify Other:</u> In order to identify other areas having the potential to be affected by the same alleged deficient practice, the following will be completed.  <u>Systemic Changes:</u> The Maintenance Supervisor will audit all facility light fixtures to ensure they are not attached to sprinkler pipes in any manner.  <u>Monitoring:</u> Audits will be completed monthly for 3 months to ensure light fixtures are not attached to sprinkler pipes in any manner. The results of these audits will be reported by the Maintenance Supervisor to CQI Committee. The CQI Committee will evaluate the data and act on the information as indicated.  <b>Responsibility:</b> Maintenance Supervisor <b>Completion Date:</b> 6/27/2011 <b>K056 POC Accepted 5/31/11 F.Gaff / P. Montanari</b> <u>Plan of Correction</u> <b>K 130</b>		
K 130 SS=D	<b>NFPA 101 MISCELLANEOUS</b>  <b>OTHER LSC DEFICIENCY NOT ON 2786</b>	K 130	<u>Corrective Action:</u> The identified outlet has been converted to a GFCI (Ground Fault Circuit Interrupter).  <u>Identify Other:</u> In order to identify other areas having the potential to be affected by the same alleged deficient practice, the following will be completed.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

**ADMINISTRATOR**

**5/26/11**

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 130	Continued From page 1	K 130	<i>K 130 Cont.</i>		
K 144 SS=D	<p>This STANDARD is not met as evidenced by: Based on observation during a facility tour on 5/3/11, accompanied by the Maintenance Supervisor, one of the outlets in the tub room on the 2nd floor is not GFCI (Ground Fault Circuit Interrupter) protected. NFPA 70-2008 Section 210.8-B(1) states all 15 and 20 amp, 125 volt outlets single phase shall be GFCI protected.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on review of records during a facility tour on 5/3/11, accompanied by the Maintenance Supervisor, the generator records indicate that the generator is run under a load for only 15 minutes a month.</p>	K 144	<p><u>Systemic Changes:</u> The Maintenance Supervisor will audit all facility outlets to ensure compliance with NFPA 70-2008 Section 210.8-B (1).</p> <p><u>Monitoring:</u> Audits will be completed monthly to ensure that all electrical work performed within that month complies with the NFPA. The results of these audits will be reported by the Maintenance Supervisor to CQI Committee. The CQI Committee will evaluate the data and act on the information as indicated.</p> <p><u>Responsibility:</u> Maintenance Supervisor <u>Completion Date:</u> 6/27/2011 <i>K130 POC Accepted 5/31/11 F. [Signature]</i> <u>Plan of Correction</u> <b>K 144</b></p> <p><u>Corrective Action:</u> The center's procedure for monthly generator inspection/testing has been modified and will now include the generator exercised under load for 30 minutes.</p> <p><u>Identify Other:</u> N/A</p> <p><u>Systemic Changes:</u> The center's procedure for monthly generator inspection/testing has been modified and will now include the generator exercised under load for 30 minutes.</p>		

***K 144 Cont.***

Monitoring: Audits will be completed monthly to ensure that monthly generator inspection/testing has been performed at 30 minutes under load. The results of these audits will be reported by the Maintenance Supervisor to CQI Committee. The CQI Committee will evaluate the data and act on the information as indicated.

**Responsibility:** Maintenance Supervisor  
**Completion Date:** 6/27/2011

K144 POC Accepted 5/31/11  
F. Claffi / P. McAtarn